

**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/517320</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ <u>50</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>50</u>							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	Treasury Check									
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:									
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table>			0	2	--	0	2	0	0
0	2	--	0	2	0	0					
<i>Rule change - 08 Dec 2004</i>											
11 REFUND REQUESTED BY: _____											
TYPED/PRINTED NAME: _____		TITLE: <u>Supervisor</u>									
SIGNATURE: <u>Terry M. Johnson</u>		PHONE: <u>703-308-9140</u>									
OFFICE: <u>DO/E0</u>		<u>X221</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: